

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005762

STATE FILE NUMBER

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 57

FILED FEB 21 1962

1. PLACE OF DEATH

a. COUNTY

CALLAWAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

FULTON

Length of stay in 1b

LIFE

a. STATE

MO

b. COUNTY

CALLAWAY

admission)

c. CITY

OR TOWN

FULTON

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

RFD # 3

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

RFD #3

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MAUS

DAVIS

FARMER

4. DATE

OF DEATH

Month

Day

Year

Feb.

16

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-26-1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARBER

10b. KIND OF BUSINESS OR INDUSTRY

BARBER

11. BIRTHPLACE (City and state or country)

New Bloomfield, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

SAMUEL T. FARMER

13b. MOTHER'S MAIDEN NAME

NANCY JANE WILLIAMS

14. NAME OF HUSBAND OR WIFE

GERTRUDE FARMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. M.D. FARMER, FULTON, MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

10 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Myocarditis

2 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Bronchiectasis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 21, 1954 to June 16, 1961 and last saw him alive on Approx. 2/9/1962

Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lloyd E. Hutchins, M.D.

22b. ADDRESS

Fulton, Missouri

22c. DATE SIGNED

2/17/1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

2-19-62

23c. NAME OF CEMETERY OR CREMATORY

CALLAWAY MEM Gdns.

23d. LOCATION (City, town, or county)

FULTON, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

MAUPIN FUNERAL HOME, FULTON, MO Feb. 17-1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064
P. O. Address Fulton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.